



TRANSMITTAL FORM

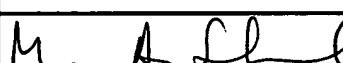
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	15	Attorney Docket Number	36992.00089
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ENCLOSURES (check all that apply)

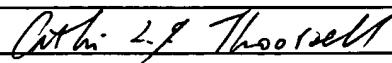
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply [Total 11 pages] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Request for Continued Examination (RCE) w/ duplicate [Total 2 pages] <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P.		
Signature			
Printed Name	Marc A. Sockol		
Date	July 8, 2005	Reg. No.	40,823

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Typed or printed name	Cathi L.G. Thoressell
Date	July 8, 2005

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